

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|----------|
| FEES DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | M-TW | 50 | 02-18-01 |
| FORMALITY REVIEW | MT | 523 | 03/05/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 03/05/01 |
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| 34 | ○ | | |
| 35 | ✓ | | |
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| 40 | ✓ | | |
| 41 | ✓ | | |
| 42 | ○ | | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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best Available Copy